



Douglas J. MacGinnitie
Commissioner

State of Georgia
Department of Revenue
1800 Century Blvd.
Atlanta, Georgia 30345-3205

January 28, 2011

Dear Georgia Taxpayer:

Re: Georgia Income Tax Refund

As you may be aware, the Georgia Department of Revenue ("the Department") recently issued a "stop payment" order for certain income tax refunds going out by direct deposit this month. The Department's order directed its banking institution not to credit these particular refunds because a computer system error was discovered that could have resulted in overpayments. The Department is now working toward issuing corrected income tax refunds.

For some individuals, these income tax refunds were never reflected in any manner in their bank accounts. That was not true in every case, however, and your financial institution may have charged you overdraft fees for drafts against a refund payment that actually was not available. Our Georgia banking institution partners are working with the Department to avoid any overdraft fees under these circumstances, and in many cases banks already have agreed either to waive or not to impose such charges. However, in an effort to see that all affected taxpayers are made whole, the Department also has established a process for collecting and processing claims for overdraft fees in those other situations.

If you have such a claim, it may be sent either by mail or e-mail (postmarked or e-mailed by March 15, 2011) as follows:

Mail to: Georgia Department of Revenue
Processing Center
P.O. Box 105246
Atlanta, Georgia 30348-5246

E-mail to: ORF@dor.ga.gov

A copy of the Overdraft Request Form is attached. Please note that a copy of the bank account statement reflecting the overdraft charges in question (highlighted by you) must be provided with your claim. If you have any questions concerning this process, please feel free to contact the Department at 404-417-6706. (If outside the Atlanta metro area, please call 1-855-773-3863.)



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Overdraft Request Form

Form must be postmarked or emailed by March 15, 2011.

Taxpayer to Complete the Following:

Name

Social Security Number

Address

Telephone Number

Name and Address of Financial Institution

Account Number

Total Amount of Overdraft Fee(s) Assessed*

Under penalties of perjury, I hereby declare that the information set forth herein and the documents attached hereto are true and correct.

(Your Signature)

Date

***Fees that were assessed but subsequently waived or abated should not be included.**

Note: A copy of the bank account statement(s) reflecting the overdraft charges in question (highlighted by you) must be attached to this claim.

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